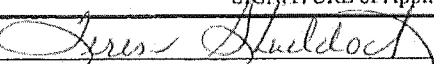


HAMILTON, BROOK, SMITH & REYNOLDS, P.C.

<b>REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY and CHANGE OF CORRESPONDENCE ADDRESS</b>		<i>Application/Patent Number</i>	7,094,886
		<i>Filing/Issue Date</i>	August 22, 2006
		<i>First Named Inventor/Patentee</i>	John D. Shaughnessy
		<i>Confirmation Number</i>	3345
		<i>Group Art Unit</i>	1642
		<i>Examiner Name</i>	Yaen, Christopher H.
		<i>Attorney Docket Number</i>	4641.1005-001
<i>Title</i>	EVI27 Gene Sequences and Protein Encoded Thereby		
I hereby revoke all previous powers of attorney given in the above-identified application.			
<input type="checkbox"/> I hereby appoint the following practitioner(s): [Not to exceed 10]  OR <input checked="" type="checkbox"/> I hereby appoint the practitioners associated with the Customer Number: <b>021005</b>			
Please change the correspondence address for the above-identified application to: <input checked="" type="checkbox"/> <b>Customer Number 021005</b> Hamilton, Brook, Smith & Reynolds, P.C. 530 Virginia Road P.O. Box 9133 Concord, Massachusetts 01742-9133 <input type="checkbox"/> Other			
Please direct all telephone calls and facsimiles to: Name <u>Vivien J. Tannoch-Magin</u> Tel. No. <u>(978) 341-0036</u> Fax No. <u>(978) 341-0136</u>			
I am the: <input type="checkbox"/> Applicant/Inventor. <input checked="" type="checkbox"/> Authorized representative of the Assignee, Board of Trustees of the University of Arkansas, of the entire interest. See 37 CFR § 3.71. A Statement under 37 CFR § 3.73(b) is enclosed. <input type="checkbox"/> Authorized representative of the Assignee, [ FILL IN WITH NAME OF ASSIGNEE ], together with [ FILL IN WITH NAME OF ASSIGNEE ], of the entire interest. A Statement under 37 CFR § 3.73(b) is enclosed.			
A copy of this form, together with a Statement under 37 CFR § 3.73(b) (Form PTO/SB/96 or equivalent), is required to be filed in each application in which this form is used. The Statement under 37 CFR § 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filed.			
SIGNATURE of Applicant or Assignee of Record			
Signature			
Name & Title	Teresa Shaddock, Associate Director of Operations, UAMS BioVentures		
Date	4/24/12		